DOCUMENT RESUME

ED 231 819 SP 022 716

TITLE Recreation for Me Too.
INSTITUTION Alberta Social Services and Community Health, Edmonton.
PUB DATE 81
NOTE 69p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adapted Physical Education; Athletics; Elementary Secondary Education; Emotional Disturbances; Hearing Impairments; Individualized Instruction; *Learning Disabilities; Mental Retardation; Parent Teacher Cooperation; *Physical Disabilities; *Program Development; *Recreation; *Recreational Programs; Speech Handicaps; Visual Impairments

ABSTRACT

This five-part manual is concerned with recreational activities for disabled persons. The first part defines four terms commonly used in reference to the disabled--impairment, disability, handicap, and inconvenience. Reasons for including the disabled in recreational activities and for developing activities for the disabled, discussed in the manual's second section, include: (1) improved motor ability in basic skills; (2) higher level of physical fitness; (3) improved socialization skills; (4) increased happiness and feelings of self-worth; (5) improved academic skills; and (6) increased general awareness. The third part lists and describes common disabilities (mental retardation, emotional disturbance, learning disability, hearing loss, speech impairment, visual impairment, motor impairment, and other health impairments) and also explains how the conditions may affect participation in recreational activities. Dealing with parents is the topic of the fourth part. General guidelines for program planning and implementation are given in the fifth section; teaching methods and adaptation of activities and equipment are discussed. Also included in this manual is a bibliography of suggested readings. (CJ)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SP

ED231819

recreation for me too

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Angus G. Fraser
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

SOCIAL SERVICES & COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983
LIBRARY

SP022746

Div 2

TABLE OF CONTENTS

1. General Descriptive Terms 1
   1. Impairment 1
   2. Disability 1
   3. Handicap 1
   4. Inconvenience 1

2. Why Recreation? 2 - 3
   1. Improved Motor Ability in Basic Skills 2
   2. Higher Level of Physical Fitness 2
   3. Improved Socialization Skills 2
   4. Increased Happiness and Feelings of Self Worth 2
   5. Improved Academic Skills 3
   6. Increased General Awareness 3

3. Some Common Disabilities 4 - 16
   1. Mental Retardation 5
      A. Mild
      B. Moderate
      C. Severe
   2. Emotional Disturbance 7
   3. Learning Disability 9
   4. Hearing Loss 10
   5. Speech Impairment 12
      A. Articulation Disorders
      B. Voice Disorders
      C. Fluency Disorders
      D. Delayed or Non-existent Speech
   6. Visual Impairment 14
      A. Partially Sighted
      B. Blind
   7. Motor Impairment 15
      A. Cerebral Palsy
      B. Convulsions or Epilepsy
      C. Spina Bifida
   8. Other Health Impairments 16

4. Dealing With Parents 17 - 24

1. When To Talk With Parents 18
2. Understanding Parents 19
3. How To Deal With Parents 20
4. Some Questions Parents Ask 21
5. What You Can Get From Parents 23

5. Program Planning and Implementation 25 - 58

1. General Guidelines for Program Planning 25
2. Teaching Methods 28
   A. Motivation 28
   B. Communication 28
      1. Verbalization
      2. Visualization
      3. Kinesthesis
   C. Specific Suggestions for Various Disabilities 30
      1. Mental Retardation
      2. Emotional Disturbance
      3. Learning Disability
      4. Hearing Loss
      5. Speech Impairment
      6. Visual Impairment
      7. Motor Impairment
3. Adapting Activities and Equipment 34
   A. General Suggestions for Adapting Activities 35
      1. Basic Adaptations for All Disabilities
      2. Adaptations for Motor Impairments
      3. Adaptations for Hearing Impairments
      4. Adaptations for Visual Impairments
   B. Adapting Equipment for Motor Impairments 41
      1. Minor Adaptations
      2. Major Adaptations
      3. Adaptations to Facilitate Accessibility From A Wheelchair

C. Specific Activities and Suggested Adaptations 44

1. Games
2. Team Sports
3. Dual Sports
4. Individual Sports
5. Relays
6. Dancing and Rhythmns
7. Arts, Crafts, and Other Hand Skills
8. Swimming

Bibliography and Suggested Readings

General descriptive terms

GENERAL DESCRIPTIVE TERMS

A number of words are commonly used to describe a child/adult with physical or mental limitations. These words frequently become "labels" to which other people react. Following are some common terms and their definitions:

IMPAIRMENT

An impairment is any departure from healthy functioning (eg. wearing glasses, clumsiness, a missing body part, or a part/limb that does not funciton). The impairment may be either permanent or temporary. For example, the child may have an arm or a leg that cannot move. An impairment may be caused by amputation, a birth defect, brain damage, or illness. "Impairment" is strictly a biological term and may have no actual significance for the individual.

DISABILITY

Disability refers to an inability to perform a specific function. That is, because of his impairments, a person may be limited to certain skills, jobs or other activities. For example, a person in a wheelchair could not be a long distance runner; or a deaf person could not be a telephone operator. However, although the person is disabled in these specific activities, he may still be proficient in many other areas.

HANDICAP

Handicapped individuals are affected psychologically, emotionally, and/or socially because of their impairment or disability. Whether or not a person is handicapped, depends to a large extent upon his self-concept, and to a lesser extent, upon the attitudes of others. Many disabled people adjust to their situation and carry on the same as anyone else, and are therefore, not considered handicapped.

INCONVENIENCED

Many disabled persons do not see themselves as others see them. Rather, they feel that they live with an inconvenience and that they must learn to adapt accordingly.

why recreation

WHY RECREATION?

One question that immediately comes to mind is "why is recreation important for disabled and handicapped children?" A community recreation program offers a number of benefits, including the following:

Improved Motor Ability in Basic Skills

The basic skills of movement are important to everyday living. Improved motor co-ordination might help the child perform everyday tasks such as taking a bath, dressing himself, or handling a fork and spoon in order to feed himself. Improving ambulatory skills, balance, and control of the body in different positions is an important contribution to the total well-being of the physically restricted child. In addition, the development of basic skills encourages participation in sport activities, which adds to the enjoyment of life and fosters the maintenance of physical fitness.

Higher Level of Physical Fitness

The physical fitness level of the handicapped child may be low due to a tendency to withdraw from activities, and because of limited opportunities to perform physically. In certain situations, developing a specific aspect of fitness, such as strength, may help the child to make the necessary compensations for limitations imposed by the disability.

Improved Socialization Skills

Participation in a community recreation program provides the child with an opportunity to associate with other children and form rewarding friendships. The child learns how to deal with new people and new situations. Supervised play provides an opportunity for the development of social skills such as impulse control, friendliness, courtesy, and sportsmanship.

Increased Happiness and Feelings of Self Worth

Disabled children may be quick to note the difference between themselves and "normal" children, but they need to see the ways in which people are all very much alike. A disabled child is likely to be greatly aware of his limitations but unaware of his potential. The recreation program can help him to gain greater respect for himself by showing him the many activities in which he can participate.

Improved Academic Skills

The recreation program may enhance the child's school performance by developing such traits as impulse control, self-confidence, and increased concentration and attention span.

Increased General Awareness

A summer recreation program gives the disabled child an opportunity to "get out" and explore his surroundings. In addition, he gains environmental awareness, learns how to fend for himself, and develops safety awareness.

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983
LIBRARY

some common disabilities

SOME COMMON DISABILITIES

There is a wide variety of disabilities, ranging in severity from mild to very severe. A child's disability may vary from nearsightedness to multiple physical and mental impairments. Following are some of the most common disabilities you are likely to encounter.

MENTAL RETARDATION

The terms mentally deficient, mentally retarded, and mentally handicapped are used interchangeably to designate a condition in which the individual is incapable of achieving normal mental growth and development.

Traditionally, retardation was diagnosed strictly on the basis of intellectual functioning, as determined by performance on a standardized intelligence test. In recent years, however, other criteria have been applied. Today three main criteria are used to determine whether or not a child is mentally retarded: delayed intellectual knowledge, poor physical co-ordination, and retarded social skills.

Disabilities range from mild to severe.

A. MILD

A child who is performing one year behind his peers intellectually, physically, and socially is usually classified as mildly mentally retarded. Such children are educable.

Educable children are capable of learning academic skills, although they learn at a slower rate than their peers. Communication skills may be limited, but these children can develop in order to adapt to a variety of situations.

Mildly mentally retarded children fit into the regular community recreation structure without difficulty. They are able to participate in motor activities although they may be somewhat slow in acquiring motor skills. These children can achieve success in team sports; they play by regulation rules and derive all of the values associated with athletics.

B. MODERATE

Generally, a two year gap in intellectual, physical and social activities usually classifies a child as moderately mentally retarded. Such children are often called trainable.

These children usually have potential for caring for their personal needs and adjusting socially within a group. They can usually be taught enough of the self-help skills to make them generally independent of care by others.

Trainable children are generally incapable of a great deal of academic achievement. They are usually capable of learning a wide variety of motor skills and fit well into regular recreation programs, although some adaptation of activities may be necessary.

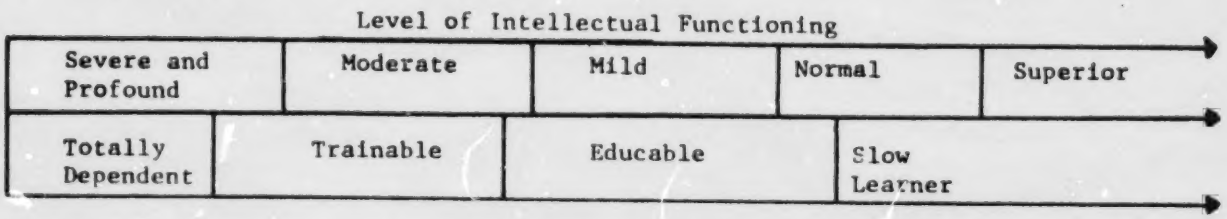
C. SEVERE

A three year lag in intellectual, physical and social development would constitute a severe disability. Severely retarded children are usually totally dependent.

These children are usually incapable of being trained for economic independence, social participation or total self care. They will require nearly complete supervision and care throughout their lives, for they are unable to care adequately for their personal needs, protect themselves, or communicate effectively with others.

The range of movement to be found in totally dependent children varies from random, meaningless movements to the intricate and controlled movements required for such skills as walking, running, catching, throwing, and climbing.

The above categories are somewhat arbitrary; that is, there are no strictly fixed criteria whereby a child is assigned to a particular category. There are often overlaps within various classification schemes.



EMOTIONAL DISTURBANCE

There is a lack of consensus among professionals as to what constitutes emotional disturbance; consequently, a universally accepted definition does not exist. An emotionally disturbed child may react inappropriately to other individuals. A failure to establish close and satisfying emotional ties with peers and adults presents a problem for these children.

Some disturbed children are very withdrawn. Their drawing back from interaction with others; that is, their social isolation, is usually self-imposed. Other children or adults may make overtures to these children, but their well-meaning efforts may be met with fear or disinterest. Other disturbed children may strike out with hostility and aggression. They may be abusive, destructive, quarrelsome, bossy or defiant, and seem to become embroiled in a constant battle against the world.

The emotionally disturbed child is often "hard to handle". However, most children present behaviour problems at one time or another. What then, distinguishes the emotionally disturbed child from his peers? If a child's inappropriate behaviour meets three criteria: (1) frequent, (2) intense, and (3) persistent, then the child may have a significant emotional problem.

In order to clarify this definition, let us examine the following case examples:

> Johnny was a very angry little boy. As many as three times each day, he would start fights with other boys. He would run past a boy and "accidently" bump into him. He would then angrily hit the other boy for being in his way. His hit would be very hard, leaving his victim's arm red. This fighting persisted day after day, for over a month, making him a chronic problem. (Hennon, M.L.)

Johnny would probably be classified as emotionally disturbed, because his behaviour fulfills the three criteria:

1) Frequency - Johnny hit as many as <u>three times</u> per day.
2) Intensity - Johnny hit <u>very hard</u>.
3) Persistency - Johnny hit <u>day after day for over a month</u>.

Let's examine the case of Sally. She too displays emotionally inappropriate behaviours.

> Sally was a quiet, inactive girl. At first her teachers thought she was shy, so they did not push her to interact with the other children. However, after several weeks, they became very concerned. She did not talk to other children or the teachers in free play, or during structured experiences, or during lunch. When spoken to, she looked down. She did not play with the other children, but sat by herself, not seeming to know what was going on around her. (Hennon, M.L.)

Although Johnny and Sally display totally different behaviour patterns, both may be classified as emotionally disturbed. Sally's behaviour fulfills the three criteria:

1) Frequency - Sally never talked.
2) Intensity - Sally did not talk at all.
3) Persistency - Sally did not talk for several weeks.

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983
LIBRARY

LEARNING DISABILITY

"Learning disabled" is a relatively new term, and was proposed as a compromise in the face of the confusing variety of labels that were used to describe the child with a particular type of learning problem. Learning disabilities may be manifested in a variety of ways, and consequently, there is no set model of the "typical learning disabled child". Most professionals include the following criteria in the definition of learning disability:

1. There is academic retardation; that is, the child is not fulfilling his potential. It is believed that he is capable of performing at a higher level than he is presently achieving and displaying.
2. An uneven pattern of development exists. Most children with learning disabilities are purported to have a wide range of abilities and disabilities. They may be very low in some areas of development and very high in others. One common way of measuring these imbalances is to compare the child's achievement in various areas such as reading, arithmetic, spelling, and gross and fine motor co-ordination.
3. The child may or may not have central nervous system dysfunction. "Dysfunction" does not necessarily imply tissue damage, but merely a malfunctioning of some area of the brain.
4. The learning problems are not due to an environmental disadvantage. That is, the problems are not caused by a poor family background or an impoverished environment. In fact, research evidence indicates that environmentally disadvantaged children are highly likely to have learning problems similar to those of middle class learning disabled children.
5. Learning problems are not directly related to mental retardation or emotional disturbance. On the other hand, emotionally disturbed and mentally retarded children may also have learning disabilities; that is, they are not achieving to their full potential. Furthermore, the behavioural characteristics of children in these three areas are often similar, and thus teaching strategies and materials for all such children are comparable.

HEARING LOSS

Hearing loss may range in severity from mild to profound. A definite distinction should be made between children who are "deaf" and those who are "hard of hearing". A child who is classified as "hard of hearing" has a partial hearing loss, but is able to make the maximum use of the residual hearing he still possesses. A "deaf" child is one in who the sense of hearing is non-functional for everyday speech and conversation.

The severity of the impairment is measured in decibels. A decibel is a standard unit of measurement, like a pound or a foot. A person's ability to hear is measured at certain decibel levels.

The following is a case example of a child with a hearing impairment:

> Bob was first referred for assessment for suspected mental or emotional handicaps. He frequently paid no attention to directions given by an adult, unless the adult held him and talked directly to him. He did not know simple names of objects and spoke baby talk, omitting consonants from words and yelling frequently.
>
> (Hennon, M.L.)

Let us examine the clues in Bob's behaviour which suggest he has a hearing loss rather than an emotional or mental disability.

Children with hearing impairments are characterized by problems in two basic areas: (1) hearing correctly, and (2) speaking correctly. Often both are present.

The ear can have two defects. First, there may be an impairment in the ability to hear sounds of normal loudness (volume). This can have several behavioural consequences. Because the child cannot hear the volume of his own voice, this may lead him to speak quite loudly. Since he cannot hear others clearly, he may have trouble following directions or responding to specific words. This consequently leads to a poor vocabulary.

Secondly, the child may be unable to hear sounds of a particular pitch. For instance, he may not hear such sounds as "d, b, and th" (low frequency sounds). In this case, "the red dog" would sound like "e re' 'og". The child learns to say the words the way he hears them. In addition to saying words incorrectly, he may speak monotonously and phrase words awkwardly.

Bobby exhibted both of these problems. He did not hear correctly and consequently, he did not follow directions and had a poor vocabulary. Also, rather than speaking properly, Bob used baby talk.

In summation, children with hearing losses may be hard of hearing or deaf, each ranging in severity. Consequently, children may have speech problems.

SPEECH IMPAIRMENT

Speech is such a normal part of our everyday lives that we seldom stop to consider its importance; the ways in which it aids us and the ways in which it sometimes fails us. Social conversation with our friends and family is normally so effortless and pleasant that it is hard to imagine anyone having difficulty. Most of us experience feelings of uncertainty about the adequacy of our speech only when we are confronted with unusually demanding social situations, such as speaking before a large audience or meeting a V.I.P. If we always had to worry about our speech, we would constantly be worrying about each and every social interaction.

There are a number of different types of speech disorders which fall into four basic categories:

A. ARTICULATION DISORDERS

This refers to the accuracy with which sounds are made. Articulatory disorders include:

a) Omissions

Omitting certain parts of words. Eg. "I ove my ittle o-ipop", for "I love my little lollipop".

b) Substitutions

Substituting certain sounds in words. Eg. "wed" for "red"; or "bery" for "very".

c) Additions

Putting extra sounds into words. Eg. "sumber" for "summer"; or "sawr" for "saw".

d) Distortions

Sounds may approximate what is acceptable, but they are not quite "right". Eg. A distorted "W" may be produced if the tip of the tongue is high in the mouth, making it similar to, but not exactly like an "R".

B. VOICE DISORDERS

Voice disorders are difficult to define. They are characteristics of pitch,

loudness, rate or quality that are abusive of the larynx, hamper communication, or are esthetically displeasing to the speaker or listener. For example, a child might have a very high, whiny, unpleasant voice.

C. FLUENCY DISORDERS

This refers to the normal flow of a person's conversation. Normal speech is characterized by some interruptions in speech flow. After all, who doesn't occasionally get speech sounds in the wrong order (eg. "occifer" for "officer"), speak too fast, pause at the wrong place in a sentence, use an inappropriate stress pattern, or become dysfluent (eg. stumbling and backtracking, repeating syllables, and filling in pauses with "uh" while they think of what they have to say).

This is considered to be a disorder, only when interruptions in the flow of speech are so frequent or pervasive that they keep the speaker from being understood or draw extraordinary attention to himself. (Definition from Hallahan & Kauffman).

D. DELAYED OR NONEXISTENT SPEECH

This refers to such things as limited vocabulary, use of jargon (unintelligible sounds uttered in a speech pattern), and not talking at all, even though one might be physically able to do so.

Let us consider the following case example of a speech impaired child:

> Betsy was a smiling, happy child who did not talk clearly. She mumbled and mispronounced words, leaving off the ending and beginning sounds of words. Her baby talk was often seen as "cute". Her older brother had made many of the same errors at her age, but subsequently, had matured in his speech patterns. (Hennon, M.L.)

Betsy has a mild articulation disorder, as her speech is full of omissions.

VISUAL IMPAIRMENT

There are two categories of severe impairments:

A. PARTIALLY SIGHTED

Partially sighted children have lost a significant portion of their sight. They are defined as having a visual acuity with correction of 20/70 - 20/200 in their best eye. This means that on the Snelling Eye Chart, the letter which a normal sighted child could see from 200 feet away, the partially sighted child could only see from 20 feet away. These children can usually read print, although they may need to use magnifying devices or books with parge print.

B. BLIND

A child is considered legally blind if his visual acuity is less than 20/200 in the better eye, even with correction. A common misconception is that all legally blind persons have no sight. Only about 25% of persons classified legally blind have no sight whatsoever. Usually, people who are considered blind must be taught to read by braille.

Let us consider the following cases of two children who are visually impaired:

> Jackie wears very thick glasses which correct his vision to 20/20. However, he does have some difficulty participating in sports, in that his glasses bother him, but he cannot play without them. Anne also wears thick glasses. However, glasses cannot correct her vision adequately. With her glasses she can only read headline size print and thus requires special aids in order to learn by using her sight. (Hennon, M.L.)

While both Jackie and Anne have visual impairments, their disabilities differ considerably in severity. Jackie has a very mild impairment, since his vision is correctable to 20/20 with glasses.

MOTOR IMPAIRMENT

Motor impairments refer to a wide variety of disorders in which an individual has restricted use, loss, or deformity of arm(s) and/or leg(s). (Hennon) These disorders may be caused by disease, birth defects, or accidents. We will discuss some of the most common physical impairments here.

A. CEREBRAL PALSY

Cerebral palsy is a congenital disorder which results in paralysis, weakness, unco-ordination, and/or other motor dysfunctions. This is not a "disease" in the true sense of the word, since it is not contagious or progressive, and there are no remissions.

B. CONVULSIONS OR EPILEPSY

A person has periodic convulsions (seizures or 'fits') due to an abnormal discharge of electrical activity in the brain. These convulsions may be as minor as a momentary "absence" or blanking out of consciousness, or they may be violent, involuntary muscle contractions which cause the person to fall down and lose consciousness for some time.

C. SPINA BIFIDA

Spina Bifida is caused by failure of the bony spinal column to close during fetal development. The defect may occur anywhere between the head and the lower end of the spine. Because the spinal column is not closed, the spinal cord (nerve fibres) may protrude, resulting in damage to the nerves and consequent paralysis and/or lack of function below the site of the defect.

The above are just a few of the impairments which lead to motor disability. Children with mild cases are able to mobilize themselves without too much difficulty and are able to participate in recreation programs without a great deal of special provision. Using specific techniques, children with severe crippling disabilities require assistance with locomotion and a variety of other activities.

OTHER HEALTH IMPAIRMENTS

There are a number of other health impairments which might restrict active participation in some components of the community recreation program.

For example, asthma is a condition in which the child experiences repeated episodes of difficulty with breathing. Diabetes results in the body's inability to metabolize sugar. With proper management, most childhood diabetics can lead normal lives without a great deal of interruption or adaptation. However, failure to maintain the treatment regimen may result in lack of vitality. inattention, dizziness, or abdominal pains. Rheumatic fever is noted by painful swelling and inflammation of the joints which may spread to include the brain or heart. Often the child is left in a much weaker state after having experienced a bout of rheumatic fever.

****

dealing with parents

DEALING WITH PARENTS

It is important to establish and maintain a good communication network between recreation leaders and parents. Both parties can gain through mutual sharing of information.

Parents can provide the necessary background information regarding their child. They can tell you how the child behaves, his likes and dislikes, and what is 'happening' at home. If the child has special needs, his parents may have discussed them with specialists such as doctors, psychologists, social workers, or physio therapists, and they in turn, can pass along professional advice and information.

In return, you, the recreation leader, should explain your program to the parents, and keep them informed about their child's accomplishments, activities, and pertinent problems. By doing so, the parents may be able to follow through at home, and continuity is maintained.

WHEN TO TALK WITH PARENTS

Sometimes, setting up times to talk with parents can present a real problem, particularly, if both parents work. However, it is an important aspect of a good recreation program.

Whenever possible, initial contact should be made before the program begins. At this time, you could describe your program to parents, answer any questions they may have, and provide support and reassurance if necessary. The parents, in turn, can tell you about their child.

Once the child is in the program, communication with parents should be continued. Informal conversation with family members, when they bring the child to the program or pick him up, can be valuable. Encourage parents to come early or drop in during the day so that they can watch their child 'in action'. This informal contact provides parents and other family members with an opportunity to see the child involved in the activities. This is especially important for parents with special children who may see them involved in activities which they did not know they were capable of. Sometimes, informal contact may not be sufficient, and you may want to set up more formal meetings. Frequent telephone chats, or even an occasional coffee get-together can help keep the channels of communication open.

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983

LIBRARY

UNDERSTANDING PARENTS

As parents watch their children grow, they may experience many joys and problems. However, families of special children have often had to face more problems and adjustments in rearing their child. It might help you to have a general understanding of some of these problems.

Perhaps the first problem families of special children face is accepting and adjusting to the child's special needs. Parents of disabled children must face the fact that their child is different in some ways. Acceptance of a child's special needs is the first step toward positive and productive action.

Negative feelings and feelings of guilt are common among parents of the disabled child. Most of us have learned to become uncomfortable with differences in other people, and consequently, we become separated from disabled people. In fact, most parents' first real contact with such a person may be their own child. Furthermore, the disabled child has probably caused the parents much worry, mental anguish, extra time, and extra money. Negative feelings towards the child, such as anger, rejection, or even revulsion are normal under such circumstances. However, most parents are reluctant to express these feelings, or even admit that they exist. Feelings of guilt are also common. The parents may feel guilty about their negative feelings, or they may feel that they are somewhat to blame for their child's condition.

Another common occurrence is overprotection of the child. Sometimes parents and other people who deal with the child tend to pamper him and give more help that is really necessary. This happens for a variety of reasons: they may underestimate the child; they may be trying to compensate for their feelings of guilt; or they may feel helpless and frustrated, and can only deal with these feelings by constantly doing things for the child.

HOW TO DEAL WITH PARENTS

In general, it is important to simply listen to parents, and try to understand their feelings. Let them know that asking for help is not a sign of weakness. Tell them that you too will need their help and advice.

If a parent should ask you for advice, don't feel that you have to come up with an answer. For the most part, they are the ones who can best answer themselves, perhaps after 'talking out' the situation. It is not always a good idea to have others tell them what to do. It is alright to let them know that you don't have the answer. It is a good idea to keep aware of community resources for special children and their families.

Following are some basic 'do's and don't's' guidelines for dealing with parents:

DO

1. Be friendly and relaxed.
2. Accept and respect the parents.
3. Listen to what parents have to say.
4. Find out any relevant information about the child.
5. Be honest.
6. Have a sample of the child's work on hand (art work, painting, etc.) to show the parents. Perhaps an art exhibition can be set up.
7. Try to develop a positive and self-confident attitude.

DON'T

1. Don't try to confer with the parent when either of you is emotionally upset.
2. Don't compare the child with other children, or with brothers and sisters in his family.
3. Don't repeat any personal information - confidentiality is a must.
4. Don't act as parent/family counsellor.

SOME QUESTIONS PARENTS ASK

Before parents enroll their child in your program, they may voice a number of concerns. Naturally, they want to ensure that it is the right kind of program for their child. Following is a list of some questions parents often ask.

1. "WILL THE PRESENCE OF SPECIAL CHILDREN IN THE PROGRAM UPSET MY CHILD?"
   Generally speaking, children do not get overly upset. Often, they do not even see the differences. When they do, they can learn to handle their feelings with the support of leaders and parents.

   When upsets do occur, you should be alert to children's fears and worries. For instance, a child may notice another child's cerebral palsy and develop a fear that he may "catch" it, or that he will develop the same if he is told that he is bad. Perhaps only children who are bad develop cerebral palsy. This is not true and should not be used as a threat! The child should be calmly reassured and have the situation explained to him.
   One day care teacher expresses her feelings as:

   > "It's a growing experience for children to see and face a variety of human experiences. It's better for children to deal with these problems at a young age. Four year olds are less likely to have learned stereotypes. They can still treat special children as individuals."
   >
   > (Serving Children with Special Needs)

2. "SHOULD WE EXPLAIN TO OUR CHILD BEFOREHAND THAT THERE WILL BE CHILDREN WITH SPECIAL PROBLEMS IN THE CLASS?"
   Although it is not necessary to emphasize the fact that children with disabilities will be in the program, it may be of benefit to let your child know beforehand that these children will be on the playground. By doing so, your child can be aware of appropriate behaviour and react accordingly - Eg. Why a deaf child cannot talk, or why a blind child has difficulty with balance. Answer your child's questions and be aware of his anxieties.
3. "WILL MY CHILD PICK UP "BAD" BEHAVIOUR FROM CHILDREN WITH SPECIAL NEEDS?"
   Many parents are anxious that their child will develop bad habits. For example, if an aggressive child is in the group, their child might become aggressive and difficult to handle. Since imitation is a normal part of maturation and development, a child may copy another's behaviour for a

short period of time. He may imitate the walk of a physically disabled child, the mannerisms of a blind child, or the aggressive behaviour of another as a sort of a "trying-on" stage. Usually, this behaviour dies out very quickly.

4. "WILL MY CHILD RECEIVE ENOUGH SPECIALIZED ATTENTION?"
   Utilizing enough trained staff with good attitudes will ensure enough specialized attention for all children, either in a specialized or integrated setting. Leaders should try to meet each child before the program begins, in order to assess that child's need for individualized attention. In this way, the staff/child ratio can be set accordingly. Some children with multiple handicaps may require one-to-one attention at all times. Others may be integrated into the regular program with some provision made for adaptive programming.
5. "WILL MY CHILD BE REJECTED BY THE OTHER KIDS?"
   Probably not, if the situation is properly handled. Leaders must be on the lookout for such comments as "Gee you're a dummy!" or "How come you talk so funny?" They must help the special child understand the remarks and deal with his feelings. The child who makes the comments must have guidance and realistic information about the needs of the other child. In this way, the feelings of both parties can be dealt with.

WHAT YOU CAN GET FROM PARENTS

It is essential that you be fully informed regarding the disability and special needs of each child in your program. This is where parents can provide valuable information. Following is a list of some of the questions you might pose to parents:

1. Describe the nature of your child's disability.
2. Are there any activities in which your child cannot participate?
   (A) Can participate in all activities except _____ (please list).

   OR

   (B) Can participate only in the following activities _____ (please list).
3. Which activities does your child really seem to enjoy? What are his dislikes?
4. Does your child have any acute flare-ups that we should know about? (Eg. epileptic seizures, allergies, etc.)
   How should these be dealt with? (Eg. An epileptic seizure should be handled in the following manner: _____).
5. In case of an emergency, who should be contacted?
   Name:_____
   Address:_____
   Phone No.(s):_____
6. Do you have any additional comments or suggestions?

Parents can also be of help to you in running program activities. You could offer parents the chance to help in your program. Perhaps a particular parent could work within the program regularly on a part-time basis. This would give you the benefit of having "an extra pair of hands", while at the same time, giving the parent a chance to work with his/her child in a semi-structured setting. If you feel you already have enough leaders, parents may be asked to assist with special events or field trips. For example, a father who is a fireman could organize a trip to his fire station, where the children could see and play on the fire trucks.

Parents can also be of help in administrative capacities. For instance, they could sit on an advisory committee, serve as public relations agents, act as lobbyists for relevant legislation, help with fund raising, build special equipment, or run car pools.

If parents are informed about the program and become actively involved, they are likely to follow-up with recreation activities at home. This ensures continuity, thereby reaping greater benefits for the child.

****

program planning and implementation

PROGRAM PLANNING & IMPLEMENTATION

GENERAL GUIDELINES FOR PROGRAM PLANNING

"Planning" implies looking forward toward the future and making definite arrangements and plans. Good playground programs do not just happen; they are the result of planning, evaluation and revision.

In planning a recreation program, you must first establish the purpose of the program. This is best done by formulating a list of goals and objectives. It is important to find out the interests, wants, and needs of your participants and plan the program accordingly. The playground should be an area truly designed and planned for all the people of the community.

Following is a list of program goals you might consider:

1. Provide a recreation program to meet the needs of all children. You will have to consider such factors as the age of the participants, their interests and skills, their health, mental or physical limitations, and their social economic and educational status.

2. Eliciting optimum arousal levels.
   This would include:
   a) Adequate altertness to the surrounding environment and sensory stimulation.
   b) A high enough level of excitation for participation, but not so high that it interferes with participation.
   c) Appropriate motivation for participation.

3. Enhancing motor-perceptual skills, including head and trunk control, sitting, crawling, upright postural maintenance and locomotion, and manipulation of objects by grasping, holding and throwing.

4. Increased self-confidence and independence.
   The recreation leader should introduce a variety of activities and adapt them to meet individual needs. When the child learns to participate in

a variety of tasks, he gains self-confidence, which is the first step towards independence.

5. Increased social interaction and desirable responses to life experiences.
   Social interaction is facilitated as the child moves from solitary or dual play to group play. He learns basics such as accepting defeat in games, accepting other children's reactions, taking turns and sharing with others, and accepting responsibilities in play activity.

6. More effective communication abilities.
   The child may either enhance his verbal communication skills or learn to indicate his wants and needs through gestures.

7. Creative fulfillment and enhanced amusement.
   Recreation can provide an outlet for self-expression. The American Alliance for Health, Physical Education, and Recreation (1974) states that "physical activities are provided after determining functional levels of each individual and deciding which behaviours or behaviour changes are to be emphasized for the total social-emotional, mental, and physical development of each person".

****

Continuing evaluation and modification is the key to designing a good recreation program for the disabled child. First, traditional teaching methods are often inadequate, and new approaches must be attempted in an effort to communicate with the child.

Secondly, it is possible to adapt many regular activities, games, and sports in order to facilitate participation. Toys and equipment may also need to be modified.

TEACHING METHODS

A. MOTIVATION

In any recreation program, the first and foremost objective is to motivate the child, so that he wants to participate and is eager to push himself to the full extent of his capabilities. In some cases, the disabled child requires an extra-large dose of motivation. Perhaps because of over-indulgence and over-protection by well-intentioned adults and peer companions, he may have grown apathetic towards making any effort which requires physical exertion.

It is up to you, as the recreation leader, to stimulate and motivate each child according to his needs and interests. You must attempt to understand each child as well as you can, in terms of his abilities, interests, ambitions, and potential.

Most inert participants will respond to at least one thing which will arouse them, catch their interest, or prod them into action. If, on the other hand, a participant is hyperactive, it is important to channel that activity into specific constructive movements. For example, swimming, running, or other vigorous physical activity allows the child to "let off steam." Or, you might try performing relaxation techniques. Rewarding a child for an appropriate behaviour serves to increase the frequency of that behaviour. Rewards act as powerful motivators. These rewards may either be tangible - eg. candy, toys, etc.; or intangible - eg. a hug, verbal praise, the granting of special privileges. Conversely, inappropriate behaviour should result in negative consequences.

B. COMMUNICATION

In communicating with a child, directions should be clear and concise. They may be expressed verbally, visually, or kinesthetically.

1) VERBALIZATION

Verbalization refers to use of the spoken word for communication. Describing a skill or explaining the strategy of a game vocally are examples of this technique.

Some concepts can only be communicated by verbalization. For example, in the demonstration of a skill, verbalization is frequently employed to clarify a concept which could not be clearly identified without the use of a descriptive oral explanation.

2) VISUAL

Visual techniques such as demonstrations, films, posters, and diagrams employ the visual attention of the child. Demonstration is an especially effective tool. The skill is executed in perfect form one or more times, depending upon its complexity. The child then attempts to execute the skill by duplicating the movements he has just observed. You may need to simulate the disability of the child in order to give a meaningful demonstration.

3) KINESTHESIS

The use of Kinesthesis refers to the involvement of muscular activity in the teaching-learning situation. Kinesthesis occurs when a child performs a skill and then attempts to correct his own errors in order to achieve a more satisfactory performance. You may need to actually hold and move a hand, arm, or the part of the body involved in the activity through the performance of the skill. This technique is called manual Kinesthesis.

C. SPECIFIC SUGGESTIONS FOR VARIOUS DISABILITIES

Following are some suggestions for working with children with specific disabilities:

MENTAL RETARDATION

1. Sequence Learning Tasks - Activities should be broken down into a sequence of smaller, simplified steps. Relatively complex activities, if taken one step at a time, can be taught to most children with retardation.

2. Use Verbal and Visual methods of communication simultaneously. Verbal instructions should be short and to the point.

3. Increase Motivation - Novelty can often increase motivation. However, the retarded child needs a sense of structure and familiarity. Too much novelty can be confusing. The child may have difficulty generalizing from one task to the next; therefore, a great deal of repetition is essential.

4. Consistent Reinforcement can also act as a strong motivator.

5. Feedback - Continuous and immediate feedback should be provided for all learning activities in order to help the child learn basic discriminations.

EMOTIONAL DISTURBANCE

Good behaviour management for a disturbed or behaviourally disruptive child has a lot in common with good behaviour management for all children. The following techniques should be used for any child requiring discipline.

1. Set Standards - It should be made clear to the child from the first contact that you expect a reasonable standard of conduct to be maintained. The sooner the child learns the limits of permissible conduct, the better. Communicate your expectations to the child clearly and firmly, so that the child knows what is expected of him at all times.

2. Consistent, Appropriate Consequences of Behaviour - The child's desirable behaviour should be immediately recognized and rewarded. Inappropriate

behaviour should be consistently ignored, or if necessary, met with realistic and related consequences. Recognition and praise for good behaviour should be given so that other children can see and hear your approval. However, if it is necessary to correct and reprimand the child, this should be done as quietly and privately as possible.

3. Empathize - It is important that you try to understand and empathize with the child; however, at the same time, the child should not be pitied. Let him know you understand how he feels but certain behaviours are not allowed.

LEARNING DISABILITY

The learning disabled child may not stand out in the recreation program. However, such a child may experience trouble with following directions.

1. Clear Instructions - Instructions should be clear, uncluttered, and very precise.

2. Communication - Try to communicate through a variety of sensory modes - ie. verbal, visual, tactile, and kinesthetic.

HEARING LOSS

1. Visual Aids - You should always use visual aids when attempting to explain something to the hearing impaired child.

2. Word Formation - Lip reading is facilitated if you speak "naturally". People have a tendency to try to sound out words with exaggerated movements of the mouth. Many hearing-impaired children have been trained to read lips (although not without difficulty) that form words naturally and any deviation from the normal pattern confuses them.

3. Face the Child - When speaking to the child, face him directly. In this way, the sound will be transmitted directly, so that the child will make use of his residual hearing. Furthermore, the child should be able to see you clearly in order to see your lips and face. Facial expressions are important.

4. Standing Distance - To optimize the child's opportunities to speechread and see your whole body, you should try to maintain a distance of about six feet between yourself and the child. Few people realize that standing too close can be a hindrance, because it prevents the child from being able to observe situational cues.

5. Eye Level - Try to get the child's eye level when talking with him. You should get down to the child's level (in a deep knee bend, or by kneeling) and have your face approximately parallel to the child's.

6. Speech - Speak in short, simple, but whole sentences. You want the child to learn to speak normally, not baby talk. For example, ask "Do you want a glass of milk, Billy?" and not "Billy want milk?" This may sound far-fetched, but you will be tempted to oversimplify.

SPEECH IMPAIRMENT

1. Encourage Child to Talk - The child can be encouraged to express himself, and given every possible opportunity to do so. As the recreation leader, you can instigate this by providing interesting activities for the child to talk about. Furthermore, you can be a receptive audience for what the child has to say by establishing eye contact and by responding appropriately.

2. Rewards - Talking appropriately can be made to "pay off" for the child if social rewards are provided for desirable speech and language.

VISUAL IMPAIRMENT

1. Encourage Participation - The child should be encouraged to take part in as many activities as possible. Basically, the same expectations should be maintained for the blind child as for his sighted peers. Activities can be modified and adapted to facilitate participation.

2. "Buddy" System - A sighted child can sometimes act as a "buddy". However, care must be taken so that the visually impaired child does not become too dependent.

3. Use Other Sensory Modalities - Sound, smell, and touch should be used to communicate to the child. The blind child should also be encouraged to use and develop these other senses to their fullest possible extent. The toys and materials you use should vary in terms of:
   1) texture - soft, hard, fuzzy, furry, rough, squishy
   2) Weight - heavy, light
   3) sound - loud, soft, squeaky, jingly, rumbling, clanging
   4) movement - bouncing, rolling, take-apart toys, jack-in-the-boxes, tops

MOTOR IMPAIRMENT

1. Independence - It should be your goal to foster as much independence as possible in the physically dependent child. He should be allowed to participate in a wide variety of activities. This will necessitate innovative adaptation and modification of activities and equipment.

ADAPTING ACTIVITIES & EQUIPMENT

Children with disabilities must have an opportunity to discover for themselves what they can and cannot do. Too often we tend to discourage them from participating in physically vigorous activities for fear that they will get hurt. Disabled children may fall down or bump into things more often than other children, but they must be given a chance to discover for themselves their abilities and limitations.

As far as possible, let these children use equipment and participate in daily program activities. If their disability prevents them from participating in an activity, or from using a particular toy or piece of equipment, try to think of feasible adaptations. This requires common sense and a good imagination. Following are a few suggested adaptations.

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983
LIBRARY

A. GENERAL SUGGESTIONS FOR ADAPTING ACTIVITIES

Activities in a summer recreation program should be adapted in such a way that the disabled child's limitations present a minimum disadvantage when he is playing with other children. The type of adaptation made will necessarily depend upon the child's personal disability. For instance, if the child is limited in the use of his arms or legs, an adaptation may be necessary in terms of the type or amount of movement required for a game. For a child who lacks endurance and cannot exert himself, modifications may be made to provide more frequent rest periods, such as slowing down the tempo of the game, or reducing the required distance.

1) BASIC ADAPTATIONS FOR ALL DISABILITIES

1. Stimulate sensory input by letting the child feel a variety of textures - brushing, stroking, holding, restraining, etc.
2. For multihandicapped children, provide as much sensory stimulation as possible. Place a drum or a tambourine in front of the wheelchair; or give them a string of bells to play with. Children who are restricted in the use of their arms may use a foot or a knee to play with these objects.
3. A portable air mattress may be substituted for a trampoline since it takes less effort for bouncing and has a bumpy surface on which to pull.
4. For catching and throwing, equipment such as soft yarn balls or fleece balls may be used.
5. Inflatable toys provide a comforting, soft, and safe environment for movement activity, while at the same time being challenging.
6. The size of the playing area can be made smaller, reducing the amount of activity proportionately. Games such as baseball, tennis, and volleyball can be adapted in this way. Similar distances in games such as horseshoes and ring toss can be reduced.
7. Substitute larger and lighter equipment when possible. (e.g.: plastic balls, bats, bowling sets, and horseshoes, and foam balls)
8. Reduce the number of points needed to win a game, and substitute freely, thus allowing children to alternate rest and play.
9. Have more players on each team, so that less activity is required of each player.
10. As far as possible, do not allow players to choose teams. This should be done by yourself, or by drawing colored pieces of paper from a hat.
11. Substitute throwing with underhand tossing.
12. To slow down the tempo of a game, or to make it easier, you can introduce larger balls, or larger pieces of equipment.
13. Minor rule changes can be made, while at the same time retaining as many of the basic rules of the contest or game as possible. Remember, you don't want to change an activity to such an extent that it is no longer recognizeable as the same activity. (e.g.: allow players to hit the ball

any number of times in a game such as volleyball; or, allow players to hold the ball for a longer period of time)

14. Develop new techniques for accomplishing an activity. (e.g.: change a two-handed skill to a one-handed skill)

2) BASIC ADAPTATIONS FOR MOTOR IMPAIRMENTS

1. Construct a tether ball type set-up between two wheelchairs.
2. Walking and wheeling can be substituted for running and skipping.
3. A bounce, roll, or underhand toss can be used to replace throwing.
4. Players with limited locomotor skills may be assigned to a definite place or position.
5. Maintain playing areas that are hard, flat, and smooth, in order to facilitate movement of those in wheelchairs.
6. Substitute a sitting or lying position for a standing position in activities such as shuffleboard, or throwing bean bags at a target.
7. At times, a child may be taken out of his wheelchair. It may be necessary for an adult to sit behind him, in order to give him the necessary support.

3) ADAPTATIONS FOR HEARING IMPAIRMENTS

1. A child who communicates wth Bliss Symbols can participate in any of the activities that require someone to call out numbers or words. The child can communicate using his board, with someone nearby to call out the numbers or words as the child points to it.
2. For games requiring verbal cues, use visual cues. (e.g.: holding up the required number of fingers, showing pictures, and use facial and body expression)

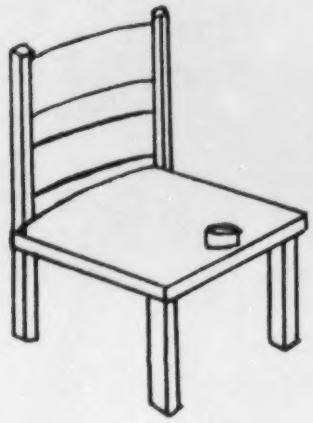
4) ADAPTATIONS FOR VISUAL IMPAIRMENTS

1. In order to give the child a feeling of security, provide a "guidewire" or rope stretched from one end of the play field to the other. This will help the child meet challenges such as "run as fast as you can" or "ride your tricycle to the other end and back".
2. A sighted person's arm or elbow may be grasped at first. However, the ultimate goal should be self-confidence in independent locomotion.
3. Most sightless people tend to veer about 1.25 inches per step, or to walk in a spiral shaped pathway when attempting to traverse a straight line. You could have the child practice walking in a straight line by taping a textured surface on the ground to follow. (e.g.: sandpaper shapes)
4. Blind persons tend to turn too much (100 to 105 degrees). To help remediate this, you might have the child turn toward specific sounds, or follow directions such as turning in quarter, half, or three-quarter turns.

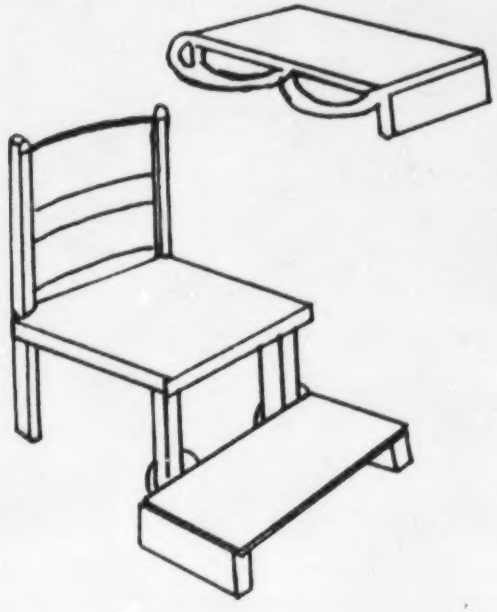
B. GENERAL SUGGESTIONS FOR ADAPTING EQUIPMENT

1. If a child lacks the necessary muscular control to keep his feet steady on the pedals of a tricycle, secure his feet with a giant rubber band. Such a rubber band can be made out of a tire's inner tube. The tube is so flexible that the child can pull his foot out of the binding if he falls.
2. For toss games (e.g.: ring toss, bowling, or target games), tie or sew one end of a piece of twine to the ball, bean bag, or ring, and the other end to the arm of a wheelchair. The child can then retrieve the object by pulling on the string.
3. If there is no way a particular activity can be adapted, the disabled child may take part by being the scorekeeper. Scorekeeping from a wheelchair is easily facilitated by attaching an abacus-like chain of beads to a part of the wheelchair. The beads can be easily reached and manipulated.
4. Children who experience problems with balance and motor control may find it helpful to push something as they walk and hold on to the object. For instance, you might load a toy carriage with sand bags.
5. Children with poor muscular control in their arms or hands often find art activities difficult. Following are some practical suggestions for adapting art activities:
   - Tape the drawing paper to the table so that it will not slide about.
   - If a child's hand movements are not steady or strong enough to make dark marks with a pencil or crayon, Magic Markers can be used, as these take less effort than crayons.
   - To make coloring easier, punch pencils and pens through with rubber balls, so that the child can grasp the ball to control the instrument. Or, a pencil, crayon, or paintbrush handle may be thickened by wrapping it in plasticine or layers of masking tape.
   - If the child can only make large, sweeping movements, you may provide him with an extra large easel and paper. Large blackboards are also good.

6. An "abduction block" on a chair will prevent the child from sliding off the chair. This is a small cylindrical block or tin can covered with a carpet sample or with heavy fabric.



7. Wooden benches may be attached to chairs in order to give the child a more secure sitting balance. This will facilitate the best use of hands in fine motor skills, and may also avoid deformity of the ankles in some children.



ADAPTATIONS TO FACILITATE ACCESSIBILITY FROM A WHEELCHAIR

1. Sand tables and other activity tables should be placed away from walls, so that children can get to them from all sides.
2. Tables with semi-circular "bites" out of them make it easier for children in wheelchairs to get up close to the table.
3. One way to make equipment accessible to all is to put it on the floor, since all children can get to the floor, including those in wheelchairs.

C. SPECIFIC ACTIVITIES AND SUGGESTED ADAPTATIONS

The following adapted activities have mostly been selected from Becoming Aware: A Handbook for Leaders Working With Disabled Children (the Ontario Ministry of Culture and Recreation) and from Adapted Physical Education and Recreation (Arnheim, Auxter, and Crowe).

1) GAMES

Bombardment

Any number of players can participate. Playing area is divided in half across the centre and players are divided into two teams. Object of the game is to hit opponents below the waist by throwing ball against the centre line. After being hit, a player can either be eliminated or can move to the opposite side and continue to play for the other team. When this game is played on an open area, lines should be designated at the end of each team's section as dead ball lines beyond which balls can be picked up with no penalty.

1. Child in Wheelchair - someone pushes the wheelchair to avoid being hit by ball - ball must hit the wheelchair not the person pushing it - if child is able to throw a ball, allow him to do so.
2. Child in braces and/or with crutches - can play by the rules.
3. Blind child - pair with a sighted partner - encourage other team to call out or to make sounds.

Circle Stride Ball

One player is chosen to stand in centre of circle, which is formed by players who stand facing in centre of circle, and with feet astride, so that they touch their neighbour's feet. The centre player has the ball, which he throws between the feet of any of the players as he dodges quickly about the inside of the ring. Players try to stop the ball from going between their legs by batting with their hands only. Any player allowing the ball to go out, changes places with the centre player. EQUIPMENT: volleyball or basketball.

1. Child in Wheelchair - flip up foot rests and if possible have the child block the ball with his feet or have children on each side of him attempt to prevent ball from going under the wheelchair.
2. Child in braces and/or crutches - child may need someone to stand behind him to support him, or to hold him so he can use his hands to block the ball - child may use crutch to hit ball away.
3. Blind child - have 'it' call out child's name before throwing ball - encourage talk and calling out names when ball is near child.

Dodge Ball

Team "A" stands outside of a circle 40 to 50 feet in diameter, which is chalked on ground or floor or the area indicated by certain boundaries. Team "B" scatters anywhere within the circle. On the signal to commence, the captain of "A" team throws the ball into the circle, trying to hit any one of the players of "B" team. Team "A" scores one point every time a team "B" player is hit by the ball. Players must be hit below the waist. When time is called, the two teams change places. Points scored by each team are noted, and winners declared.

EQUIPMENT: volleyball

Dodge Ball - One in the Centre

FORMATION: Any number of players form a circle and have one or more players as 'it' in the centre. A basketball or volleyball is used.

1. Child in Wheelchair - may need someone to push him - ball must hit the wheelchair.
2. Child in braces and/or crutches - play by rules - may need someone to support him while throwing the ball.
3. Blind child - pair with sighted child - assistance by calling directions to indicate where ball is in circle so can avoid that area - encourage other team or those in the middle to talk, clap or call out.

Flying Dutchman

(Similar games - Run for Your Supper, Skip Tag, Drop the Handkerchief, Slap Jack, Swat Tag).

The players stand in a circle with their hands joined. The player who is 'it' runs around the outside of the circle and slaps any two joining hands, the owners of which become Flying Dutchmen. They run in opposite directions around the outside of the circle. The player who was 'it' steps into the circle. The last player back to the place in the circle is 'it'.

1. Child in Wheelchair - may need someone to push wheelchair when it is child's turn - have another child run two times or hop, crawl, etc.
2. Child in braces and/or crutches - have other child run two times around circle or hop, crawl, etc.
3. Blind child - run with partner - when 'it', child can walk around the circle near the children, perhaps touching those in the circle - have children in circle call out their names as child passes them.

Hot Potato

Sit in circle. The ball is given to one child who is to pass the ball about the circle in any direction as rapidly as possible. The children are to pretend the ball is 'sizzling hot'. Every ten seconds a whistle is blown, and whoever is hold the ball when the whistle is blown has one 'hot potato' against him. The one who gets three 'hot potatoes' is eliminated from the game.

1. Child in Wheelchair - take child out of the wheelchair and sit with others - may need someone to sit behind him for support - is unable to control arm and hand movements, have someone take hold of child's hands and help him to pas the ball.
2. Deaf child - seat child so he can see person with whistle who will give a visual signal when he blows the whistle.

Snatch the Handkerchief

Divide children into two equal teams and have them line up on opposite sides of the playing field. The instructor designates one player from each team and calls "Ready, go" and the two children go for the handkerchief placed in the centre of the playing field. The player who is not successful in getting the handkerchief must chase his opponent back to his line trying to tag him. One point is scored for each player returning with the handkerchief without being tagged.

VARIATION: Each player takes a number, one line beginning to number from one and the other line the other end. E.G.: If there are ten players in each line, player one will be opposite player ten. When leader calls a number, for example, number seven, the two players numbered seven run to snatch the handkerchief.

1. Child in Wheelchair - child may require someone to push him - when it is child's turn have other child hop, etc. - child may keep score or call names or numbers.
2. Child in braces and/or crutches - other player must hop, jump, etc. to get handkerchief.
3. Blind child - runs with partner - if prefers to run alone, position child directly across from handkerchief - have lots of verbal cues - if child gets handkerchief first, have team call to him - if other child gets it, have that child call out as he runs back to team.
4. Deaf child - have numbers or names printed on cards, and hold up when called.

Spud

The children are all given a number. A ball is thrown high in the air, and the person with that number must try to catch the ball. If he succeeds, he throws the ball high up into the air and calls a different number. But if he does not succeed in catching the ball before it reaches the ground, the remaining players run as far away as possible from the person who cries STOP. Everyone must remain where he is and not move as the person with the ball tries to hit one of the others by rolling the ball on the ground. If he does not succeed, he becomes a rotten egg. The game then continues until a person has collected three rotten eggs and he is declared the loser. This game is also called Numbers, Call Ball, or Rotten Egg. Instead of Rotten Egg, the word Pig could be spelled out and the loser go through the paddywacks.

Modify game to give blind child or child in crutches or wheelchair any amount of steps towards closest child.

1. Blind child - seeing partner to help get ball and tell child where nearest child is and also to run with the child - when number is called and child has ball, have closest child make a noise to give blind child an idea where he is.
2. Child with crutches or wheelchair - partner to help retrieve ball but should throw ball if able to.
3. Deaf child - person nearby to signal child if his number is called - have person throwing ball up, turn to child and give child's number by a hand signal as he calls it out - when running away from ball, child should stop when he sees others stop.

Squirrel in Tree

Players line up and number off one, two, three, one, two, three, etc. Each of #1's joins both hands with #2, to imitate a tree trunk. Player #3, the squirrel, stands in the little circle made by the joined hands of players #1 and #2. These groups of three are scattered all over the playing area, each as far removed from the other as possible. Two extra players are needed: "it", who is the hunter, and the other who represents the homeless and hunted "SQUIRREL". The hunter chases the squirrel who, when he becomes tired, bolts into a "TREE" and crowds out its occupants. When the hunter, at any time, calls Squirrel Out"

every squirrel must run from his tree to another, and the one failing to find a "TREE" home becomes the "Hunted Squirrel". After the game is played a little while, the #1's become squirrels and then the #2's, so that all may get a chance to run. Amusing variations may be introduced; "it" can be a dog pursuing a cat, barking as he runs, or "it" can be a lion who roars after his prey.

EQUIPMENT: none

1. Child in Wheelchair - can be a permanent tree.
2. Child in braces and/or crutches - can be permanent tree - if a "Squirrel" have the "Hunter" hop, jump, etc. in chasing.
3. Blind child - runs with partner.

Stealing Sticks

The field is divided into two parts by a well defined line drawn or dug through the middle. At the centre back of each side five or more sticks are placed in a pile. A prison is marked off about 4 feet square in one corner. The players are in two teams, each scattered over its own side. The object of the game is to get the opponent's sticks without being caught. As soon as a player crosses the centre line he may be caught and put in prison. If he can dash to the pile of sticks and secure one, he is safe and may bring it home to his own pile. A player may be released from prison if one of his teammates can touch his hand. He may then come back to his own side without being tagged. The team that gets all the opponent's sticks and has all its members safely out of prison wins the game.

1. Child in Wheelchair - can be a guard for the sticks or prisoners - can play by rules.
2. Child in braces and/or crutches - can be a guard - can play by the rules.
3. Blind child - run with a sighted person.

Streets and Alleys

Players are placed in two rows, one behind the other, with about 8 or 10 players in each row. Two extra players are chosen to be a Policeman and a Thief. All players must join hands across in own row. The game is started by the Policeman giving chase to the Thief, up and down the spaces between the lines of players. When the chase becomes close, the leader blows his whistle, which is a signal for players in the line to release their hands and making quarter turn to their right, taking hands across in that direction, thus changing streets into alleys. The chase may not proceed through joined lines. If the Policeman catches

the Thief, both now choose new successors and they take their places in the lines. The whistle should be blown at frequent intervals. Play fast or only a short period of time. EQUIPMENT: none

1. Child in Wheelchair or in braces and/or crutches - have a permanent spot in a row - child in wheelchair may need someone to turn his chair when the whistle is blown - may blow the whistle - have other runners hop, jump, etc.
2. Blind child - run with partner
3. Deaf child - when in row child can change directions by watching other children - leader should use visual cues such as waving hand when he blows the whistle.

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983
LIBRARY

3) DUAL SPORTS

Badminton

- children in wheelchair can play up front.
- players need not rotate.
- each side may be permitted two side outs before relinquishing the serve.

Table Tennis

- a child with crutches can play only one side of his half of the table.
- a child with only one arm can serve by balancing the ball on his paddle, throwing it up in the air and striking it for the serve.

4) INDIVIDUAL SPORTS

Archery

- increase the target size
- use a lighter bow
- decrease shooting distance to the target
- place pegs in the ground to indicate foot position
- place a pole in the ground against which the hand gripping the bow can be placed for determining direction and elevation of the target
- use a cross-bow for children with severely impaired hands
- the leader may hold the bow, and have the child place the arrow on the bow, pull the bow string and release - the leader may need to help in aiming and in pulling the string
- if the child has diminished strength in one hand, strap the bow to that hand

Blind child - needs a raised pointer along the ground or floor to direct him toward the target - use a rack to guide him in the placement of his front and back hands (to aid in giving direction and also to show how far to pull)

Bowling

- Almost anyone can be taught to bowl, regardless of his disability. Bowling games may be set up in the gymnasium, on the green, or at regulation bowling alleys.

Child in Wheelchair - use a smaller, lighter ball - hold a special chute in the child's lap, from which the ball is rolled (especially good for children with hand and arm weakness) - use a preliminary arm swing, rather than the traditional walking approach to increase momentum and accuracy of delivery.

5) RELAYS

Children in wheelchairs or braces and/or crutches - can be a judge - can be the one runners tag when he returns to the team or be the one runner gets an object from at the goal line - shorten the distances - have faster runners go two times or hop, jump, etc.

Blind child - have someone call him from the goal line and from the team line as he returns - use guide ropes to mark the running lane.

Over and Under

The first player in the file holds a fair sized ball. On signal, he passes it between his legs to the player behind, who receives it and passes it over his head to the next player. The ball is passed in this alternating fashion to the end player, who receives it, runs to the head of the line, and the action is repeated. The game is over when all are standing in their original positions.

EQUIPMENT: A handball, medicine ball, volleyball, or bean bag.

1. Child in wheelchair - always passes overhead - when turn of the person behind him run to the front of the line, have that person push the child or have the child 'wheel' himself when it is his turn.
2. Child with braces and/or crutches - may always pass overhead - give the other team an extra man or have them do the actions one more time - have the team pass the ball to the front of the line while the child 'runs' there
3. Blind child - the person in front or behind him should tell him when and how to pass the ball - the child should run to the front of the team by himself.

6) DANCING AND RHYTHMS

Participation in rythmic activities provides an important recreational outlet for many disabled persons, as well as having therapeutic value. For instance, many children with neuromuscular problems, including some types of cerebral palsy, can benefit from rhythmic activities and dancing. Increased relaxation, co-ordination, and timing are some of the benefits that may be derived. These activities may be practiced to the tempo of a metronome, record or tape, or to sound patterns provided by other children using drums, tambourines and rhythmn sticks.

Activities that are extremely vigorous and stimulating should be contra-indicated for severely disabled children. Others need to be provided with time limits and scheduled rest periods.

Placement of the student should be carefully considered in relation to his ability to hear the music, see the demonstration and imitate a skill or move about easily in a dance pattern.

19) ARTS, CRAFTS, & OTHER HAND SKILLS

Arts and crafts are highly individualistic, and should be enjoyed by any disabled child. Here are some suggestions to help disabled children to express their creativeness in arts and crafts projects.

1. Don't worry if the child's project does not come out perfect. The creation of an object which brings enjoyment to a child is more important than its appearance. Do not re-do or fix up a child's work. He will lose the feeling of having created something himself if a leader fixes it up.

2. For children unable to control arm movements, and/or who have weak or uncontrollable grasps or poor fine motor skills or co-ordination.

   Drawing and Painting

- use thick pencils and crayons.
- to make gripping easier, insert the end of pencils, pens, crayons, or the handle of paint brushes into a ball of plasticine or styrofoam.
- attach crayon or pencil to a child's hand by a ribbon of cloth or by an elastic cuff with a hoop for the pen etc.
- place paint tins in plastercine so that it is not so easily knocked over.
- child may use paint brush, crayons or pencils strapped to their feet, or even held between their teeth.
- a child will do better if he is not required to color within set lines or shapes.

3. If a project is something that the child is not physically able to do, a leader can have him select the colors, shapes, sizes where he wants things etc. while the leader does the actual work. If the child cannot talk, pointing or using bliss symbols can indicate the child's decisions. In this way, although not doing the physical act of creating, the project is still the child's creation.

4. Use of scissors can be a difficult task for some children - especially those with upper limb disabilities. Tearing the paper is one alternative. A child may be unable to hold the paper and at the same time, cut with the scissors. A leader or another child may need to hold the paper while the child concentrates on using the scissors.

5. If a child has difficulty using both hands in his work, or has trouble using one hand and stabilizing his work with the other hand;
   a) help him become aware of how to use his body better to help e.g. tuck paper under his arms or between his knees.
   b) he may need some external help e.g. tape paper to the floor, or table, have someone else hold the paper.
6. For blind or partially sighted children;
   - Pasting - put paste in a tin or jar rather than in a gob on the paper.
   - Coloring - children with some vision can see pictures when outlined with black marking pencils.
   - If child has no vision, place a piece of mesh or screening under the paper so the picture produced is one he can feel.

Treading Beads

1. Make tips on the string by dipping it in wax, then taping the end.
2. Have child put needle into a piece of styrofoam or plastercine with point up. Thread the bead, take the needle out to allow the bead to slide down the string. Repeat.

8) SWIMMING

Swimming can offer many benefits to the disabled child, such as improving his range of movement, muscle control, co-ordination, and endurance. It is an enjoyable activity that is often good for the child's self-concept. In water a child can relax, make new friends, and accomplish tasks that might previously have seemed impossible.

A variety of sports, relays, and games may be played in the water, including volleyball, basketball, and water polo.

Allow children to use floatation devices if necessary. NOTE: If inner tubes are used, the valve stems should be removed or taped down to prevent injury.

- Use a larger, lighter ball.
- Increase the number of players per team.
- Decrease the size of the playing area.

BIBLIOGRAPHY & SELECTED READINGS

Adams, R.C.; Daniel, A.N.; and Pullman, L. Games, Sports, and Exercises for the Physically Handicapped.
Philadelphia: Lea and Febiger: 1972

American Alliance for Health, Physical Education, and Recreation,
Physical & Recreational Programming for Severely and Profoundly Mentally Retarded Individuals.
U.S. Department of Health, Education, and Welfare: 1974

American Alliance for Health, Physical Education, and Recreation,
Physical Education and Recreation for Impaired, Disabled, and Handicapped Individuals...Past, Present, and Future.
Washington: 1976

American Association for Health, Physical Education, and Recreation,
Physical Activities for the Mentally Retarded.
Washington: 1968

American Association for Health, Physical Education, and Recreation,
A Guide for Programs in Recreation and Physical Education for the Mentally Retarded.
Washington: 1968

American Association for Health, Physical Education, and Recreation,
Recreation and Physical Activity for the Mentally Retarded.
Washington: 1966

Arnheim, D.D.; Auxter, D.; and Crowe, W.C. Principles and Methods of Adapted Physical Education and Recreation.
St. Lords: The C.U. Mosky Co.: 1977

Bancroft, J.H. Games
New York: The MacMillan Co.: 1937

Clarke, H.H. and Clarke, D.H. Developmental and Adapted Physical Education.
New Jersey: Prentice-Hall, Inc.: 1978

Fait, Janis, Special Physical Education: Adapted, Corrective, and Developmental (4th ed.)
Philadelphia, W.B. Saunders Company: 1978

Gault, E. and Sykes, S. Crafts for the Disabled.
New York: Thomas Y. Crowell, Publishers: 1979

Groves, Lilian (ed.) Physical Education for Special Needs.
Cambridge: Cambridge University Press: 1979

Hackett, Layne Movement Exploration and Games for the Mentally Retarded.
Peek Publication

Hallahan, D.P. & Kauffman, J.M. Exceptional Children
New Jersey: Prentice-Hall, Inc. Englewood Cliffs: 1978

Hennon, M.L. Identifying Handicapped Children for Child Development Programs
Atlanta Georgia: Humanics Press

Jefree, D.M.; McConkey, R.; and Hewson, S. Let Me Play
London: Souvenir Press Ltd.: 1977

Klappholz, Lowell Physical Education for the Physically Handicapped and Mentally Retarded.
New London: Croft Educational Services, Inc.: 1957

Ontario Ministry of Culture and Recreation
Becoming Aware: A Handbook for Leaders Working with Disabled Children.
Ontario: 1978

Serving Children With Special Needs

Sherrill, Caludine Adapted Physical Education and Recreation
Dubuque, Iowa: Wm. C. Brown Company Publishers: 1976

Upton, Graham (ed.) Physical and Creative Activities for the Mentally Handicapped.
Cambridge: Cambridge University Press: 1979

Vannier, Maryhelen Physcial Activities for the Handicapped.
New Jersey: Prentice-Hall, Inc.: 1977

Vinton, Iris The Folkways Omnibus of Children's Games.
Ontario: Hawthorn Books, Inc.: 1970

SOCIAL SERVICES
& COMMUNITY HEALTH
PUBLIC COMMUNICATIONS
JUN 1 6 1983

LIBRARY